SYMPTOM SURVEY FORM

(Restricted to Professional Use) WOODWARD CHIROPRACTIC 4008 PRESTON HWY.

LOUISVILLE, KY 40213-1612 PATIENT AGE DOCTOR_ DATE

> INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank. Circle either: (1) for MILD symptoms (occurs rarely), (2) for MODERATE symptoms (occurs several times a month), or (3) for SEVERE symptoms (occurs almost constantly).

											GROUP ONE				79
1	_	1	2	3	Acid foods upset	8	_	1 2	2	3 (Gag Easily	1	5 -	- 1 2	2 3 Appetite reduced
2	_	1	2	3	Get chilled, often	9	-	1 2	2	3	Jnable to relax, startles easily				2 3 Cold sweats often
3	_	1	2	3	"Lump" in throat						Extremities cold, clammy				2 3 Fever easily raised
4	-	1	2	3							Strong light irritates				2 3 Neuralgia-like pains
					7						Jrine amount reduced				2 3 Staring, blinks little
6	_	1	2	3	Keyed up - fail to calm	13	_	1 2	2	3	Heart pounds after retiring				2 3 Sour stomach frequer
											Nervous" stomach				
											GROUP TWO				
21	-	1	2	3	Joint stiffness after arising		29) -		1 2	2 3 Digestion rapid	37	_	1 2	3 "Slow starter"
22	-	1	2	3	Muscle-leg-toe cramps at ni	ght	30) -	S	1 2	3 Vomiting frequent	38	_	1 2	3 Get "chilled" infrequentl
23	-	1	2	3	"Butterfly" stomach, cramps		31	-		1 2	3 Hoarseness frequent	39	_	1 2	3 Perspire easily
24	_	1	2	3	Eyes or nose watery		32	_		1 2	3 Breathing irregular	40	_	1 2	3 Circulation poor,
25	-	1	2	3	Eyes blink often		33	3 -		1 2	3 Pulse slow; feels "irregular"	•			sensitive to cold
26	-	1	2	3	Eyelids swollen, puffy		34	-		1 2	3 Gagging reflex slow	41	-	1 2	3 Subject to colds,
27	-	1	2	3	Indigestion soon after meals		35	5 -		1 2	3 Difficulty swallowing				asthma, bronchitis
28	-	1	2	3	Always seem hungry;		36	, -		1 2	3 Constipation,				
					feels "lightheaded" often						diarrhea alternating				
										(GROUP THREE				
42	-	1	2	3	Eat when nervous	49	-	1	2	3	Heart palpitates if meals	5	3 -	1 2	3 Crave candy or coffee
43	-	1	2	3	Excessive appetite						missed or delayed				in afternoons
44	-	1	2	3	Hungry between meals	50	-	1	2	3	Afternoon headaches	5	4 –	1 2	3 Moods of depression
45	-	1	2	3	Irritable before meals	51	-	1	2	3	Overeating sweets upsets				"blues" or melancholy
46	-	1	2	3	Get "shaky" if hungry	52	-	1	2	3	Awaken after few hours sleep	5	5 -	1 2	3 Abnormal craving for
47	-	1	2	3	Fatigue, eating relieves						 hard to get back to sleep 				sweets or snacks
48	-	1	2	3	"Lightheaded" if meals delay	yed					1000				
											GROUP FOUR				
56	-	1	2	3	Hands and feet go to sleep		63	-	1	2	3 Get "drowsy" often	68		2 3	Bruise easily, "black
					easily, numbness		64	_	1	2	3 Swollen ankles				and blue" spots
57	-	1	2	3	Sigh frequently, "air						worse at night	69		2 3	3 Tendency to anemia
					hunger"		65	-	1	2	3 Muscle cramps, worse	70	- '	2 3	3 "Nose bleeds" frequent
58	-	1	2	3	Aware of "breathing						during exercise; get	71		2 3	Noises in head, or
					heavily"						"charley horses"				"ringing in ears"
59	-	1	2	3	High altitude discomfort		66	_	1	2	3 Shortness of breath	72		2 3	3 Tension under the
60	-	1	2	3	Opens windows in						on exertion				breastbone, or feeling
					closed room		67	_	1	2	3 Dull pain in chest or				of "tightness",
61	-	1	2	3	Susceptible to colds						radiating into left arm,				worse on exertion
					and fevers						worse on exertion				
					Afternoon "yawner"										

SYMPTOM SURVEY FORM - Page 2

1		B Diz	ziness				G	ROI	JP FIVE					
1			7INASS	00	4 0	0				01		2	Cn	aning attacks
	2			03 -	1 2			_	queasy; headache					ezing attacks
- 1	0	B Dry		0.4	1 0			er ey		92 -	1 2	0		aming, nightmare type
			ning feet						foods upset	00		0		
			rred vision						ight-colored					d breath (halitosis)
			ing skin and feet						els on foot soles	94 -	1 2	3		k products cause
				87 -	1 2				etween shoulder					
			•											
1	2													
			9	89 -	1 2					97 -	1 2	3	Cra	ive sweets
1	2	Boy	wel movements											
		pair	nful or difficult	90 -	1 2									
1	2	3 Wo	rrier, feels insecure				atta	acks	or gallstones					
							(GRO	UP SIX					
1	2	3 Los	s of taste for meat	101	- 1	2 3				104	- 1	2	3 1	Mucous colitis or
										Carlo Carlo				'irritable bowel"
	-								•	105	_ 1	2		Gas shortly after eating
1	2			103	_ 1	2 3								
	_		-			_		_						after eating
_	_		,				_							
		141					GI	ROU	P SEVEN					
														/E)
										450		4 1	2 0	(E)
									100					
							2 2							
		-	-						The state of the s	153		1 :	2 3	
														pressure
					140	-	1 2	3		154	-	1 :	2 3	Hair growth on face
1	2	3 Thir	n, moist skin						or rendering" type					or body (female)
1	2	3 Inw	ard trembling		141	-	1 2	3	Decreased sugar	155	_	1	2 3	
1	2	3 Hea	art palpitates						tolerance					(not diabetes)
1	2	3 Incr	eased appetite withou	ut						156	_	1 :	2 3	Masculine tendencies
														(female)
1	2	3 Puls	se fast at rest											
1	2	3 Еуе	lids and face twitch											(F)
- 1	2	3 Irrita	able and restless		143	-	1 2	3	Bloating of abdomen	157	_	1	2 3	Weakness, dizziness
1	2	3 Car	't work under pressu	re	144	-	1 2	3	Weight gain around	158	_	1	2 3	Chronic fatigue
									hips or waist	159	-	1	2 3	Low blood pressure
		(B)			145	_	1 2	3	Sex drive reduced	160	-	1	2 3	Nails, weak, ridged
1	2		ease in weight						or lacking	161	_	1	2 3	Tendency to hives
					146	_	1 2	3						Arthritic tendencies
									the state of the s					Perspiration increase
			•		147		1 2	3						Bowel disorders
					148	_	1 2	3						
					. 10		. 2							
					140		1 0	2						
					140		1 4	. 0		100		•	_ 0	bronzing of skin
										160		4	2 2	
			r coarse, falls out						function	109	_	1	2 3	Allergies - tendency
	2		adaches upon arising							470			0 0	to asthma
- 1			or off during day							1/0	, –	1	23	Weakness after colds,
			ar off during day											
- 1		3 Slo	w pulse, below 65							·				influenza
1 1	2	3 Slov 3 Fre	w pulse, below 65 quency of urination							171	-	1	2 3	influenza Exhaustion - muscular
- 1 - 1	2	3 Slov 3 Fre 3 Imp	w pulse, below 65											influenza
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 1 2 3	1 2 3 Fre 1 2 3 Bott in ri	hours after eating 1 2 3 Burning stomach sensations, eating relieve (A) 1 2 3 Insomnia 1 2 3 Nervousness 1 2 3 Can't gain weight 1 2 3 Intolerance to heat 1 2 3 Highly emotional 1 2 3 Flush easily 1 2 3 Night sweats 1 2 3 Inward trembling 1 2 3 Heart palpitates 1 2 3 Increased appetite withor weight gain 1 2 3 Pulse fast at rest 1 2 3 Irritable and restless 1 2 3 Can't work under pressure	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste in mouth in mornings 1 2 3 Bowel movements painful or difficult 1 2 3 Worrier, feels insecure 1 2 3 Loss of taste for meat painful or difficult 1 2 3 Lower bowel gas several hours after eating 1 2 3 Burning stomach hours after eating 1 2 3 Burning stomach sensations, eating relieves (A) 1 2 3 Insomnia 1 2 3 Nervousness 1 2 3 Can't gain weight 1 2 3 Intolerance to heat 1 2 3 Highly emotional 1 2 3 Flush easily 1 2 3 Night sweats 1 2 3 Thin, moist skin 1 2 3 Inward trembling 1 2 3 Heart palpitates 1 2 3 Increased appetite without weight gain 1 2 3 Pulse fast at rest 1 2 3 Eyelids and face twitch 1 2 3 Irritable and restless 1 2 3 Can't work under pressure (B) 1 2 3 Increase in weight 1 2 3 Decrease in appetite 1 2 3 Fatigue easily 1 2 3 Ringing in ears 1 2 3 Sleepy during day 1 2 3 Dry or scaly skin 1 2 3 Constipation	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste in mouth in mornings 1 2 3 Bowel movements painful or difficult 1 2 3 Worrier, feels insecure 1 2 3 Loss of taste for meat 1 2 3 Lower bowel gas several 1 2 3 Lower bowel gas several 1 2 3 Burning stomach sensations, eating relieves (A) 1 2 3 Insomnia 1 2 3 Nervousness 1 2 3 Can't gain weight 1 2 3 Intolerance to heat sensations, eating relieves (A) 1 2 3 Insomnia 1 2 3 Highly emotional sensations are sensations are sensations. 1 2 3 Highly emotional sense se	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste in mouth in mornings 1 2 3 Bowel movements painful or difficult 1 2 3 Worrier, feels insecure 1 2 3 Loss of taste for meat 101 - 1 2 3 hours after eating 1 2 3 Lower bowel gas several 102 - 1 2 3 hours after eating 1 2 3 Burning stomach 103 - 1 2 3 sensations, eating relieves (A) 1 2 3 Insomnia 1 2 3 Nervousness 1 2 3 Can't gain weight 1 2 3 Intolerance to heat 137 - 138 - 139	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste in mouth in mornings 1 2 3 Bowel movements painful or difficult 1 2 3 Worrier, feels insecure 1 2 3 Loss of taste for meat 1 2 3 Lower bowel gas several hours after eating 1 2 3 Burning stomach sensations, eating relieves 1 2 3 Insomnia 1 2 3 Nervousness 1 2 3 Can't gain weight 1 2 3 Intolerance to heat 1 2 3 Flush easily 1 2 3 Night sweats 1 2 3 Thin, moist skin 1 2 3 Inward trembling 1 2 3 Heart palpitates 1 2 3 Irritable and restless 1 2 3 Can't work under pressure 1 2 3 Fluse easily 1 2 3 Increase in weight 1 2 3 Increase in weight 1 2 3 Increase in weight 1 2 3 Increase in appetite 1 2 3 Fatigue easily 1 2 3 Flush easily 1 3 Decrease in appetite 1 46 - 1 2 1 2 3 Flusing in ears 1 2 3 Sensitive to cold 1 2 3 Dry or scaly skin 1 2 3 Dry or scaly skin 1 2 3 Dry or scaly skin 1 2 3 Constipation 1 49 - 1 2	1	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste in mouth in mornings 1 2 3 Bowel movements painful or difficult 2 3 Worrier, feels insecure 1 2 3 Worrier, feels insecure 1 2 3 Loss of taste for meat 1 2 3 Lower bowel gas several hours after eating 1 2 3 Burning stomach sensations, eating relieves 1 2 3 Insomnia 1 2 3 Insomnia 1 2 3 Nervousness 2 3 Can't gain weight 1 2 3 Flush easily 1 2 3 Inward trembling 1 2 3 Inward trembling 1 2 3 Inward trembling 1 2 3 Pulse fast at rest 1 2 3 Eyelids and face twitch 1 2 3 Increased appetite without weight gain 1 2 3 Reighly endorsola 1 3 Reighly endorsola 1 4 1 2 3 Reighly endorsola 1 5 Reighly endorsola 1 6 ROUP SEVEN 1 7 1 2 3 Failling memory 1 2 3 Reighly endorsola 1 2 3 Reighly endorsola 1 3 Reighly endorsola 1 4 1 2 3 Reighly endorsola 1 5 Reighly endorsola 1 6 Roup Six 1 6 CO 1 7 2 3 Pass large amounts of foul-smelling gas 1 8 Indigestion 1/2 - 1 hour after eating; may be up to 3-4	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste 88 - 1 2 3 Use laxatives 96 - 1 2 3 Stools alternate from 97 - 1 2 3 Stools alterna	1 2 3 Frequent skin rashes 1 2 3 Bitter, metallic taste 88 - 1 2 3 Use laxatives 96 - 1 2 96 - 1 2 1	1 2 3 Frequent skin rashes 12 3 Bitter, metallic taste 12 3 Use laxatives 12 3	1 2 3 Frequent skin rashes 12 3 Bitter, metallic taste 12 3 Bitter, metallic taste 12 3 Bitter, metallic taste 13 3 Stools alternate from 14 - 1 2 3 Bowel movements 15 - 1 2 3 Stools alternate from 15 - 1 2 3 Bowel movements 15 - 1 2 3 Stools alternate from 16 - 1 2 3

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GROUP EIGHT	FEMALE ONLY	MALE ONLY								
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fati	gued 213 - 1 2 3 Prostate trouble								
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual to									
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses									
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feel	. Or dribbing								
177 - 1 2 3 Forgetfulness 178 - 1 2 3 Indigestion	before menstru	ation								
179 – 1 2 3 Poor appetite	204 - 1 2 3 Menstruation e	210 - 1 2 3 Depression								
180 - 1 2 3 Craving for sweets	and prolonged	217 - 1 2 3 Pain on Inside of								
181 - 1 2 3 Muscular soreness	205 - 1 2 3 Painful breasts	legs or heels								
182 - 1 2 3 Depression; feelings of dread	206 - 1 2 3 Menstruate too	1 218 - 1 2 3 Feeling of incomplete								
183 – 1 2 3 Noise sensitivity 184 – 1 2 3 Acoustic hallucinations	207 - 1 2 3 Vaginal dischar	howel evacuation								
185 - 1 2 3 Tendency to cry		219 - 1 2 3 Lack of energy								
without reason	208 - 1 2 3 Hysterectomy/d	220 - 1 2 3 Migrating aches and pain								
186 - 1 2 3 Hair is coarse and/or	removed	204								
thinning	209 - 1 2 3 Menopausal ho	n liasiles								
187 - 1 2 3 Weakness	210 - 1 2 3 Menses scanty	or missed								
188 - 1 2 3 Fatigue 189 - 1 2 3 Skin sensitive to touch	211 - 1 2 3 Acne, worse at									
190 – 1 2 3 Tendency toward hives	212 - 1 2 3 Depression of 1	ong standing 224 - 1 2 3 Diminished sex drive								
191 - 1 2 3 Nervousness		IMPORTANT								
192 - 1 2 3 Headache	TO THE PATIENT: Please list be	elow the five main physical complaints you have in order of								
193 - 1 2 3 Insomnia	their importance.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
194 - 1 2 3 Anxiety	1.									
195 - 1 2 3 Anorexia 196 - 1 2 3 Inability to concentrate;	5789									
confusion	2									
197 - 1 2 3 Frequent stuffy nose; sinus	3									
infections	4									
198 - 1 2 3 Allergy to some foods	5									
199 – 1 2 3 Loose joints										
	(TO BE COMPLETED BY D	OCTOR)								
Postural Blood Brazavia, Bassimhant	Ctanding	Dile								
rosturai biood Pressure. Necumbent	Standing	Pulse								
Hema-Combistix Urine readings: pH	Albumin per cer	nt Glucose per cent								
Occult Blood pH of Saliva	pH of Stool spe	cimen Weight								
NO. NO. 10 NO.										
Hemoglobin Blood Clotting Time	Hemoglobin Blood Clotting Time									
BARNES THYROID TE	ST Vou es	n do the following test at home to see if you may have a functional low thyroic								
This test was developed by Dr. Broda Barnes, M.D. and is a perature to determine hypo and hyperthyroid states. The test	measurement of the underarm tem- Use an	oral thermometer or a digital one. When you use a digital one, place the prob								
a.m. before leaving bed - with the temperature being taken for	10 minutes. The test is invalidated al 5 mi	your arm for 5 minutes then turn your machine on; continue on for an addition nutes. When using a regular one, shake down the night before.								
If the patient expends any energy prior to taking the test - getting the thermometer, etc. It is important that the test be conducted		Temporatura								
prior positioning of both the thermometer and a clock imports	nt.									
Any two days during the mon	PRE-MENSES FEMALES AND MENOPAUSAL FEMALES Any two days during the month Date:Temperature:									
FEMALES HAVING MENSTRUAL The 2 rd and 3 rd day of flow OR any 5 da	CYCLES	Temperature:								
MALES	Date:	Temperature:								
Any 2 days during the month	Date:	Temperature:								
	Date:	Temperature:								
BP SIT	BP ST/	AND								
PULSE SIT	PULSE	STAND								
SALIVA PH	BLOOD) TYPE								